

**RUTHERFORD COUNTY, TENNESSEE  
BUDGET AMENDMENT REQUEST  
GENERAL FUND**

Requesting Department: Ambulance  
 Signature of Department Head: *J. Mike ...*  
 Date Requested: 22-Apr-13  
 Approved By: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
<b>118-55130-133 Paraprofessionals Payroll</b>	\$ 3,894,082	\$ 3,894,082	\$3,029,928		\$ 15,000	\$ 3,879,082
<b>118-55130-148 Dispatch Payroll</b>	\$ 403,050	\$ 403,050	\$ 282,115		\$ 25,000	\$ 378,050
<b>118-55130-187 Overtime Pay</b>	\$ 209,856	\$ 209,856	\$ 187,760	\$ 40,000		\$ 249,856
<b>118-55130-322 Evaluation &amp; Testing</b>	\$ 23,000	\$ 23,000	\$ 3,528		\$ 10,000	\$ 13,000
<b>118-55130-451 Uniforms</b>	\$ 75,000	\$ 75,000	\$ 23,070		\$ 15,000	\$ 60,000
<b>118-55130-338 Maint. &amp; Repairs - Vehicles</b>	\$ 150,000	\$ 150,000	\$ 127,560	\$ 25,000		\$ 175,000
						\$ -
						\$ -
						\$ -
						\$ -

**EXPLANATION FOR ABOVE AMENDMENT REQUEST**

One of our dispatch positions has been vacant since July 1st, and we have paid overtime to cover the shifts. We are requesting to transfer from our dispatch line item and our paraprofessionals' line item. We are also covering more special events this year. We receive payments for our coverage of these events. We are requesting to transfer funds from our Evaluation & Testing line item, and our Uniform line item, into our Vehicle Maintenance line item.

**Finance Department Use Only**

Date Posted: \_\_\_\_\_  
 Posted By: \_\_\_\_\_

**RUTHERFORD COUNTY, TENNESSEE  
BUDGET AMENDMENT REQUEST  
GENERAL FUND**

Requesting Department: Ambulance  
 Signature of Department Head: *J. Tim Purley*  
 Date Requested: 25-Apr-13  
 Approved By: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

Account No. & Description	Original Budget	Amended to Date	Actual to Date	Requested Increase	Requested Decrease	Amended Appropriation
<b>118-43120 Patient Charges</b>	\$ 6,118,900	\$ 6,123,900	\$ 4,848,761	\$ 10,000		\$ 6,133,900
<b>118-55130-509 Refunds</b>	\$ 40,000	\$ 45,000	\$ 43,286	\$ 10,000		\$ 55,000
						\$ -
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**EXPLANATION FOR ABOVE AMENDMENT REQUEST**

We are requesting to transfer funds from Patient Charges to our Refunds account to cover overpayments from insurance companies and patients. We have experienced a huge increase in overpayments in the last two months.

**Finance Department Use Only**

Date Posted: \_\_\_\_\_  
 Posted By: \_\_\_\_\_